



# Medical School Hotline

## Professionalism in Medical Education

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Professionalism is usually defined as mastery of a body of knowledge. But as physicians, we are aware that professionalism in medicine extends far beyond the simple acquisition of clinical content. It encompasses a set of behavioral characteristics and values, which form the foundation for the sacred trust bestowed upon doctors by their patients. Much has been written about the perceived deterioration of professionalism in physicians and both the Association of American Medical Colleges (AAMC) and the John A. Burns School of Medicine (JABSOM) have been developing programs to address this issue.

In the AAMC Reporter,<sup>1</sup> Dr. Jordan Cohen, President of the AAMC, recently reviewed the outcome of a colloquium sponsored by the AAMC this past summer, which attempted to define the attributes of a profession and explore what medical educators might do to cultivate the core values of professionalism in future practitioners. The participants were a diverse group of individuals, including historians, philosophers, social scientists, lawyers, deans, faculty, students, residents, and AAMC staff. They agreed that a profession is defined by its specialized body of knowledge, but added that it also has its own organized activities for continuous advancement, a responsibility to regulate itself, and an implied contract with society. Professions are also defined by a dedication to service above personal gain. The article describes the need for medical education to nurture professionalism. It also describes future initiatives to develop educational programs that will enhance professionalism in students. Dr. Cohen concludes by saying, "Medical educators, in my judgement, have no greater responsibility than to ensure that medicine remains, in truth, a profession. It has been. It should be. And it can be — but only if we play our part."

Drs. Gregory Makoul and Raymond Currey, in a special collection of articles on medical school courses in professional skills and perspectives in the January issue of *Academic Medicine*,<sup>2</sup> noted that, "Increasingly, U.S. society is holding medical schools accountable for the kinds of physicians they produce, not only in terms of the numbers and specialties but, more importantly, in terms of the kinds of professional relationships their physicians have with patients and the wider community." The series contained descriptions of several medical school curricula as evidence that the medical education community is working to re-integrate science with the healing. They envision "both Dr. Welby and the NIH combined into a single physician, one who will make us both well and whole." The formats differed dramatically, but topics common in these curricula included ethics (personal and professional), humanism, diversity, communication, the doctor-patient relationship, and societal responsibilities.

At the John A. Burns School of Medicine, there has been a growing concern among faculty that the considerable effort spent teaching students the science of medicine, is not duplicated in preparing them to practice the medical profession. In response to this concern and Dr. Cohen's challenge, planning has begun on the development and imple-

mentation of a longitudinal curriculum in professionalism. A longitudinal design is necessary because the development of professional habits and attitudes takes place over time and much of learning is experiential (or problem-based).

Borrowing heavily from materials in the American Board of Internal Medicine's Project Professionalism,<sup>3</sup> six major elements of professionalism were identified: Altruism (keeping patient interests foremost); Accountability (to patients, to society to address the health needs of the public, to the profession to adhere to ethical precepts); Excellence (including a commitment to life-long learning); Duty (free acceptance of a commitment to service, regardless of ability to pay, playing an active role in professional organizations, and volunteering one's skills and expertise for the welfare of the community); Honor and Integrity; and Respect for Others. Using these elements as the curricular content, a process was begun to identify what was already being covered in educational programs, and how areas not currently addressed can be incorporated into the medical school curriculum.

Currently, for example, Respect for Others or humanism, and Duty is introduced in the first year orientation as a part of the enormously popular White Coat Program and Ceremony. The highlight of this event is the presentation of white coats ('cloaks of compassion') to each student by alumni in the presence of their friends and family, and the administration of the Hippocratic Oath. Students also participate in an in-depth discussion of the significance of the Oath, as well as a seminar in which they analyze several common scenarios and professional dilemmas they will likely face as students and physicians. Students also write a personal mission statement in which they identify personal and professional goals.

Within the curriculum itself, medical students are provided with lectures and seminars discussing common ethical topics such as confidentiality, informed consent, and truth-telling. Sessions on communication skills in areas such as delivering bad news, discussing advanced directives, and futile care also are conducted during the current academic year.

Another feature at JABSOM is the flexibility of our problem-based learning format, which makes it ideally suited to accommodate new issues in professionalism. Health care problems studied by students in this curriculum can be revised to include issues of professionalism. Examples of altruism, accountability, duty, and humanism can be inserted for students to research, learn from, and adopt. Rewriting cases to emphasize humanism in medicine would also be a positive step.

In addition, a formal professionalism curriculum for all University of Hawai'i Residency Programs, running in sequence or in parallel with that of the medical school, will help strengthen professional training of our students. Such programs will increase the likelihood that resident role-models, so important in the training of clerkship students, will continue to model and support professional behavior of the highest standard.

In summary, JABSOM, in response to observations of our own faculty as well as the AAMC and the general public, has begun to formally address the professional development of medical students in the art and practice of medicine in addition to the science. Fortunately, it is the same curriculum model, problem-based learning, which will serve as one of the primary methodologies by which issues will be presented. It is an obligation we as educators have to ensure that medicine retains the stature it has and should be afforded as a profession.

## References

1. AAMC Reporter, Volume 8, No. 1, October 1998
2. Makoul, Gregory, PhD & Curry, Raymond, MD, "Uniting Science and Healing in Tomorrow's Doctors", *Academic Medicine*, Vol. 73, No. 1, January 1998
3. Project Professionalism, American Board of Internal Medicine Committee on Evaluation of Clinical Competence, 1995